

## A king, a doctor, and a convenient death

Lord Dawson of Penn was the most admired and respected doctor of his generation. The skill with which he managed King George V's respiratory illness in 1928 undoubtedly saved the king's life and made Dawson a national celebrity. He was also respected within the medical profession. He was president of the Royal College of Physicians, elected twice president of the BMA, and honoured with a viscountcy.

His reputation would have been considerably diminished, however, had it been known that when the king was suffering from cardio-respiratory failure in January 1936 he administered a lethal combination of morphine and cocaine at a time when the king was already comatose and close to death. His action remained a well kept secret and the truth came to light only 50 years later when his private diary was opened, Dawson having died in 1945.

The king had been in failing health for several weeks when Queen Mary summoned Dawson to Sandringham on 17 January. Contemporary accounts of the king's last days given by the Archbishop of Canterbury and others tell of days that were tranquil and pain free with the king sitting in an armchair before a log fire for much of the time but becoming steadily weaker and with consciousness gradually slipping away.

At 9.25 pm on 20 January Dawson issued the memorable bulletin stating that the king's life was moving peacefully towards its close. The action which he took one and a half hours later is described in his diary thus:

"At about 11 o'clock it was evident that the last stage might endure for many hours, unknown to the patient but little comporting with the dignity and serenity which he so richly merited and which demanded a brief final scene. Hours of waiting just for the mechanical end when all that is really life has departed only exhausts the onlookers and

keeps them so strained that they cannot avail themselves of the solace of thought, communion or prayer. I therefore decided to determine the end and injected (myself) morphia gr.  $\frac{3}{4}$  and shortly afterwards cocaine gr. 1 into the distended jugular vein."

Dawson did not consult the other two doctors in the case, and his diary indicates that he was acting entirely on his own. To her credit, Sister Catherine Black of the London Hospital, who was present and who had nursed the king since the 1928 illness, refused to give the lethal injection, which is why Dawson had to give it himself. Nevertheless,

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faced with conflicting loyalties, she kept quiet about what had been done and her autobiography published in 1939 made no mention of what must have been the most poignant and unforgettable episode in her long and distinguished career.

The reason for his action, which Dawson frankly admits in his diary, was to ensure that the announcement of the king's death should appear first in the morning edition of the *Times* and not in some lesser publication later in the day. To make doubly sure that this would happen Dawson telephoned his wife in London asking her to let the *Times* know when the announcement was imminent.

Nevertheless, it was surely special pleading to claim that he also acted to reduce the strain on the royal family. Apart from the Prince of Wales, who was unhappy at being separated from his mistress Mrs Wallis Simpson, there was no evidence of such strain and in particular, as Dawson noted in his diary, Queen Mary remained calm and kindly throughout. The earlier death suited Dawson. Having

issued his famous bulletin he had a vested interest in ensuring that death occurred sooner rather than later. At the same time it allowed him to get back to his busy private practice in London.

Although Dawson spoke against euthanasia when it was debated in the House of Lords in December 1936, he clearly felt that it or something similar might sometimes be appropriate for his own patients and there is no reason to think that King George V was the only patient he treated in this way. He described his management of the king's final illness as "a facet of euthanasia or so called mercy killing." But even the most ardent supporter of euthanasia would hesitate to describe the killing of an unconscious patient, without the patient's prior knowledge or consent, as mercy killing. Indeed, when examined closely this and almost all similar cases turn out in the end to be examples, not of mercy killing but of convenience killing. This was so in this case and the person most inconvenienced was Dawson.

The ethical line which separates acceptable from unacceptable conduct is sometimes a narrow one. What caused Dawson to stray across the line is a matter of speculation but the likely answer is that he was guilty of the besetting sin of doctors and that is of arrogance. Although in daily contact with the great and good of the land, including the Archbishop of Canterbury who was living at Sandringham at the time, he arrogantly assumed that he, and he alone, had the special insight to appreciate the importance of the timing of the king's death. It was also unfeeling of Dawson to involve Sister Black in his plan and arrogant to assume that her conscience was as elastic as his own.

This whole episode seems a piece of pointlessly folly which Dawson was wise to conceal at the time. The emergence of the truth 50 years later did nothing to enhance his reputation nor did his half hearted espousal of euthanasia do anything to diminish the opprobrium which rightly attaches to doctors who break the sixth commandment.—J H ROLLAND RAMSAY is a retired hospice director

## Worse than the worst nightmare

When I was 15 I had an acute psychotic breakdown. I was admitted to an adolescent unit, where I had an awful time. My parents and I were not treated sympathetically. According to the doctors my illness was stress related—all other possibilities were completely ruled out. I was labelled a rebellious adolescent from a family with major problems. The fact that my mother had married again caused great excitement. The staff could not accept that I did not have a problem about this and found it odd that I was not at all curious about

my real father. I left hospital seven weeks later, angry and bitter and vowing never to have anything to do with psychiatry again.

In the next two and a half years I achieved a lot. I did well in my GCSE examinations. I travelled half way around the world to visit a friend in Brazil. I gained my bronze and silver Duke of Edinburgh awards. And I completed the first year of biology, physics, and chemistry A level examinations with aspirations to study medicine. So it came as a bit of a shock when I had another psychotic attack.

One evening I was very jumpy, I panicked every time I heard a noise, and I was too afraid to have a bath. Then I had a vivid dream; in it people I had seen on a train had turned into drug pushers and were trying to

kidnap me. I woke up convinced that this was true. I stayed at home the next day and during it I became more and more paranoid. I was convinced that people were trying to climb up the trellis at the front of the house.

By the evening I was really ill. I was afraid to be in a room without my parents but at the same time I thought my parents were being made to work for the gang which was trying to get me. I refused to eat because I thought that my food had been drugged. I set off the panic button on the burglar alarm twice that evening as I felt so scared and helpless. My parents called out the duty general practitioner and my own doctor came round later. They kept looking into my eyes and I was convinced that they were part of the conspiracy. I was prescribed chlorpromazine,